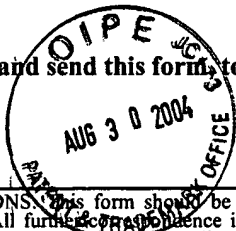


## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

06/16/2004

Peter B. Sorell, Esq.  
 Brown Rudnick Freed & Gesmer, P.C.  
 One Financial Center  
 Boston, MA 02111

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

June E. Kaps	(Depositor's name)
<i>June E. Kaps</i>	(Signature)
Aug 27, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/981,372	10/17/2001	Patricia G. Schneider	22327/1	7665

TITLE OF INVENTION: EMERGENCY MEDICAL DISPENSING CARD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, ANH TUAN TUONG	3763	604-131000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Mark S. Leonardo

2. Peter B. Sorell  
Brown Rudnick Berlack

3. Israels LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 5

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500369 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

8-27-04

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

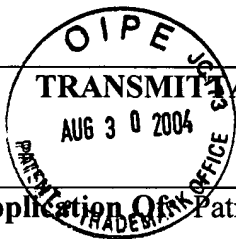
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01 FC:2501 665.00 DA

02 FC:1504 300.00 DA

03 FC:8001 15.00 DA

TRANSMIT THIS FORM WITH FEE(S)



**TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)**  
**(37 C.F.R. §1.311)**

**Docket No.**  
22327/1

**In Re Application Of** Patricia G. Schneider, et al.

Serial No.	Filing Date	Examiner	Group Art Unit	Confirmation No.
09/981,372	October 17, 2001	A. Nguyen	3763	7665

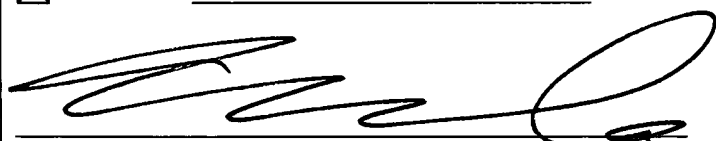
**Invention:** EMERGENCY MEDICAL DISPENSING CARD

**TO THE COMMISSIONER FOR PATENTS**

**P.O. Box 1450**  
**Alexandria, VA 22313-1450**  
**Attention: Mail Stop Issue Fee**

Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Please charge the amount of \$980.00 to cover the payment of Issue Fee with five (5) soft copies, please charge any other necessary fees, or credit any overpayment to Deposit Account No. 50-0369.
- ☐ Letter to Chief Draftsperson regarding transmittal of Formal drawings
- ☐ \_\_\_\_\_ sheets of formal drawings (Figs. \_\_\_\_\_)
- ☒ Other \_\_\_\_\_ Return Postcard \_\_\_\_\_

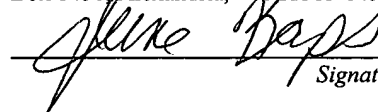
  
\_\_\_\_\_  
Signature

Dated: **8-27-04**

Mark S. Leonardo  
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Customer No. 21710  
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One Financial Center  
Boston, MA 02111  
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Fax: 617-856-8201

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I hereby certify that this document (and any other document being attached) and fee is being deposited on the date shown below with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to: MAIL STOP ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
\_\_\_\_\_  
Signature  
June E. Kaps  
Printed Name  
Aug 27, 2004  
Date